

TOWN OF MORRIS
OFFICE OF TAX COLLECTOR

3 EAST STREET, PO BOX 66
MORRIS, CT 06763

PHONE: (860)567-7435
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May 11, 2005

United States Bankruptcy Court
For the District of Maine
537 Congress Street
Portland, ME 04101-3318

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2005 MAY 16 PM 2:10
U.S. BANKRUPTCY COURT
PORTLAND, MAINE

Re: Pegasus Satellite Television, Inc. (04-20878)

The attached copy of the proof of claim pertaining to Town of Morris, Connecticut, property account PP200320040131 in the amount of \$173.69 originally sent on September 9, 2004, has been satisfied. The Town of Morris hereby withdraws the claim.



Launa M. Goslee
Tax Collector

Cc Pegasus Satellite Television Inc.
C/o The Trumbull Group LLC
PO Box 721
Windsor, CT 06095-0721

CP #158

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MAINE

PROOF OF CLAIM

Pegasus Satellite Television, Inc., et al.

Case Numbers: 04-20864 through 04-20868 and 04-20871 through 04-20893

How Scheduled



6117369

Name of Debtor (See Reverse for List of Debtors)

Pegasus Satellite Television

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

TOWN OF MORRIS - TAX COLLECTOR 07 6117369

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Class:
Not Scheduled

Amount:
Not Scheduled

Name and address where notices should be sent:

TOWN OF MORRIS - TAX COLLECTOR 07 6117369
P.O. BOX 66
3 EAST STREET
MORRIS, CT 06763

10003421

Telephone number:

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Account or other number by which creditor identifies debtor:

Check here replaces
if this claim amends a previously filed claim, dated: _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred: 10/1/03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 173.69 (unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____
- Value of Collateral: \$ _____
- Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim.

- Check this box if you have an unsecured priority claim.
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 - Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
 - Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 - Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 - Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 - Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
- * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Unsecured Nonpriority Claim \$ _____

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
9/9/04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Laura Goslee
Tax Collector

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.